

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 180851 (8)

1. Corporation Name

M & M TRADING COMPANY, INC.



Principal Place of Business

C/O PAUL SAGE
ONE OLD COUNTRY RD.
CARLE PLACE NY 11514

Mailing Address

C/O PAUL SAGE
ONE OLD COUNTRY RD.
CARLE PLACE NY 11514

3. Date Incorporated or Qualified
10/01/1954

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 C/o Parry Real Estate

Suite, Apt. #, etc.

22 9628 NE 2 Ave Ste A

City & State

23 Miami Shores FL

Zip

24 33138

Country

25 USA

2a. Mailing Address

26 C/o Parry Real Estate

Suite, Apt. #, etc.

27 9628 NE 2 Ave Ste A

City & State

28 Miami Shores FL

Zip

29 33138

Country

30 USA

4. FEI Number

59-6076261

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRADY, JOAN M
C/O PARRY REAL ESTATE
9628 NE 2ND AVENUE
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the date of signature

(If Officer, Registered Agent signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME EMIRZIAN, NELLY
STREET ADDRESS 55 CHAMP DUVERT CHASSER
CITY-ST-ZIP 1180 BRUXELLES BELGIU

TITLE ☒ DELETE

NAME SAGE, PAUL
STREET ADDRESS ONE OLD COUNTRY RD.
CITY-ST-ZIP CARLE PLACE NY

TITLE ☐ DELETE

NAME GRADY, JOAN
STREET ADDRESS 9628 NE 2ND AVENUE
CITY-ST-ZIP MIAMI SHORES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE

Joan M Grady

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96

Date

Daytime Phone #

CR2E034 (12/95)